



DEVELOPMENT APPLICATION
COMMUNITY PLANNING AND DEVELOPMENT DEPARTMENT

General Application Requirements

City of North Miami
Community Development Department
776 N.E.125th Street
Miami, Florida 33161
(305) 893-6511
www.northmiamifl.gov

Section 1: General Requirements

Application #: _____

Project Name: _____

Development Application

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (Not Applicable).

DEVELOPMENT REQUEST – Check one type ONLY (Use separate applications if applicable)

<input type="checkbox"/> Abandonment/Vacation of Right-of-Way or Easement (SRC)	<input type="checkbox"/> Development of Regional Impact DRI	<input type="checkbox"/> Side Walk Café Permit (SRC)
<input type="checkbox"/> Administrative Variance (AV)	<input type="checkbox"/> Land Use Plan Map Amendment (PC)	<input type="checkbox"/> Site Plan (SRC)
<input type="checkbox"/> Appeal of Administrative Interpretation (BOA)	<input type="checkbox"/> Master Plan Development (SRC)	<input type="checkbox"/> Special Exception (BOA)
<input type="checkbox"/> Annexation (PC)	<input type="checkbox"/> Plat (SRC)	<input type="checkbox"/> Variance (BOA)
<input type="checkbox"/> Comprehensive Plan Text Amendment (PC)	<input type="checkbox"/> Plat Waiver (SRC)	<input type="checkbox"/> Zoning Code Amendment (PC)
<input type="checkbox"/> Conditional Use Permit (PC)	<input type="checkbox"/> Rezoning (PC)	Other _____

DEVELOPMENT/PROJECT NAME:

DEVELOPMENT/PROJECT ADDRESS OR LOCATION:

Legal Description (*attach separate sheet if necessary*):

All Tax ID Folio Numbers:

Project Narrative (Brief description)(Please attach as a separate sheet)

Residential Use(s)/Unit Type(s):	Site Area (sq. ft. & acres):
Number of Residential Units:	Existing Zoning Designation(s):
Non-Residential Use(s) (Type & sq. ft.):	Proposed Zoning Designation(s):
Current Use(s) of Property:	Existing Land Use Designation(s):
Proposed Use(s) of Property:	Proposed Land Use Designation(s):
Is the property platted? OR Book & Page: Plat Name: Is the property an existing legal lot of record? If No, please explain.	Will the plat be affected by this application? If yes, please explain. Is the property the subject of Code Enforcement Action? If yes, Code Enforcement Case No.:

PROPERTY OWNER NAME:		PROPERTY OWNER SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public – State of Florida)</u>			
<u>(Print, Type or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

CONTRACT PURCHASER NAME:		CONTRACT PURCHASER SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Copy of executed contract			
NOTARIZATION			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public – State of Florida)</u>			
<u>(Print, Type or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

TENANT NAME:		TENANT SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Copy of executed lease			
NOTARIZATION			
<p>STATE OF FLORIDA/COUNTY OF _____</p> <p>The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____</p> <p><u>(Signature of Notary Public – State of Florida)</u></p> <p><u>(Print, Type or Stamp Commissioned Name of Notary Public)</u></p> <p>Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____</p>			

AGENT'S NAME:		AGENT'S SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<p>Will the applicant be represented by an attorney at public hearing(s)?</p> <p><input type="checkbox"/> Yes (please provide contact information):</p> <p><input type="checkbox"/> No</p>			
NOTARIZATION			
<p>STATE OF FLORIDA/COUNTY OF _____</p> <p>The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____</p> <p><u>(Signature of Notary Public – State of Florida)</u></p> <p><u>(Print, Type or Stamp Commissioned Name of Notary Public)</u></p> <p>Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____</p>			

[illegible]

****Please note that all incomplete applications submitted will be discarded after 60 days from date of submittal without notice.****